

EXHIBIT C

MERCHANT PROCESSING APPLICATION AND AGREEMENT					
Sales Rep			Sales Office		
1. GENERAL INFORMATION Pg 1 of 2					
Client's Business Name (Doing Business As) Braids R Us 305			Client's Corporate/Legal Name Anita L Richardson		
Location Address 26483 Sw 135 ct			Corporate Address (If Different than Location) 26483 Sw 135 ct		
City Miami	State FL	Zip 33032	City Miami	State FL	Zip 33032
Location Phone		Location Fax		Contact Name Anita Richardson	
Customer Service Phone		Prior Security Breach? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Contact Phone	
Business Website Address			Business Email		D&B#
Fed Tax ID # (Must match IRS income tax filing)			Tax Type		
Multiple locations? <input type="checkbox"/> Y or <input type="checkbox"/> N If Yes, enter # of locations			Tax Filing Name Anita L Richardson		
Send retrieval / chargeback requests to <input checked="" type="checkbox"/> Corporate Address <input type="checkbox"/> Location Address			Date Business Started 2018		
Send monthly merchant statements to: <input type="checkbox"/> Corporate Address <input checked="" type="checkbox"/> Location Address <input type="checkbox"/> Do Not Mail			Length Current Ownership		
Type of Organization: <input type="checkbox"/> Sole Prop <input type="checkbox"/> Partnership <input checked="" type="checkbox"/> LLC/LLP <input type="checkbox"/> C Corp <input type="checkbox"/> S Corp <input type="checkbox"/> Govt. (Local/State/Federal) <input type="checkbox"/> 501c/Tax Ex. State Filing: FL					
<input type="checkbox"/> I certify that I am a foreign entity / nonresident alien. (If checked, please attach IRS Form W-8.)			NOTE: Failure to provide accurate information may result in a withholding of merchant funding per IRS regulations. (See Part IV, Section A.4 of your Program Guide for further information.)		
2. OWNERS / PARTNERS / OFFICERS					
Owner/Officer 1 Anita Richardson		Home Address 26483 sw 135 ct		Telephone	Social Security #
Title Owner	% Ownership 100	City Homestead	State FL	Zip 33032	Birth Date
Owner/Officer 2		Home Address		Telephone	Social Security #
Title	% Ownership	City	State	Zip	Birth Date
Prior Bankruptcies? Owner 1 <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Business and/or <input type="checkbox"/> Personal Owner 2 <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Business and/or <input type="checkbox"/> Personal					
3. TRANSACTION INFORMATION					
MC/V/Disc/Amex			Describe Product/Services Sold Hair		
Requested Monthly Payment Card Volume \$ 25k			Business Type		
Requested Avg Payment Card Ticket \$ 50			Seasonal Merchant <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Requested High Payment Card Ticket \$ 250			Jan Feb Mar Apr May Jun Jul Aug Sept Oct Nov Dec		
Previous Processor			Swipe % 90 MOTO% 10 INTERNET% (Total must equal 100%)		
Reason For Leaving					
4. NATURE OF BUSINESS					
5. BANKING ACCOUNT INFORMATION					
Deposit Bank Name		Routing#	Account#	Bank Phone	<input type="checkbox"/> Combined ACH <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Individual ACH
6. SERVICE ACCEPTANCE AND FEE SCHEDULE					
Request to Accept Card Types: <input checked="" type="checkbox"/> VISA CREDIT <input checked="" type="checkbox"/> VISA DEBIT <input checked="" type="checkbox"/> MASTERCARD CREDIT <input checked="" type="checkbox"/> MASTERCARD DEBIT <input checked="" type="checkbox"/> DISCOVER <input checked="" type="checkbox"/> AMEX CREDIT <input type="checkbox"/> PIN DEBIT					
V/MC/Discover Network Discount Plan: <input type="checkbox"/> Tiered Basic <input checked="" type="checkbox"/> Passthrough IC <input type="checkbox"/> ERR <input checked="" type="checkbox"/> Flat Rate					
Assessments & Brand Fees: <input checked="" type="checkbox"/> Included <input type="checkbox"/> Billed Separately Requested Discount Payment Method: <input checked="" type="checkbox"/> Daily <input type="checkbox"/> Monthly					
DISCOUNT FEES: Visa, MasterCard, Discover, Pin Debit					
All applicable Association fees will be passed through to the merchant at the applicable costs assigned by the Association. Fees include, but are not limited to, Visa's APF, Misuse of Authorization Fee, Zero Floor Limit Fee, Acquirer ISA Fee, and MasterCard's NABU Fee, Acquirer Support Fee, Cross Border Fee, and Discover IPF, ISF, Data Usage fee, Amex Net Work Fee et al.					
Qualified Discount =	Mid Qual = Qual +	Non Qual = Qual +	Pass Through IC =	ERR =	Flat Rate = 3.5
Debit Qual Discount +	Debit Mid Qual = Qual +	Debit Non Qual = Qual +	Debit Pass Through IC =	Debit ERR =	Debit Flat Rate = 3.5
American Express Opt Blue Or AMEX Direct					
Opt Blue Discount Plan: Tiered Basic <input type="checkbox"/> PassThrough IC <input type="checkbox"/> ERR <input type="checkbox"/> Flat Rate <input checked="" type="checkbox"/>					AMEX Direct:
Credit Qual 3.5% Per Item \$ Credit Mid-Qual % Per Item \$ Credit Non-Qual % Per Item \$					Existing SE #
Pass Through IC % Per Item \$ ERR % Per Item \$					
Authorization, Monthly & Miscellaneous Fees					
Authorization Fees:		Monthly Fees:		Miscellaneous Fees:	
Visa/MC/Discover Network	\$.	Monthly Service	\$ 0	Chargeback	\$ 30 (Per Occurrence)
Amex/Fleet/Other	\$.	Monthly Minimum	\$ 65	Retrieval Fee	\$ 15 (Per Occurrence)
Pin Debit	\$.	Wireless Fee	\$.	ACH Reject Fee	\$ 25.00 (Per Occurrence)
EBT	\$.	Pin Debit Monthly	\$.	Annual Fee \$	Month to bill
Electronic AVS	\$ 0.05	Industry Compliance	\$.	Batch Fee	\$. (Per Item)
Voice Auth	\$ 1.00	Industry Non-Compliance up to \$24.95 (if applicable per Section 4.8 of the Merchant Program Guide)		Sales Transaction Fee	\$. (All Card Types - Per Item)
Voice AVS	\$ 3.00			Return Transaction Fee	\$. (All Card Types - Per Item)
MX Merchant Fees:					
MX Merchant Monthly Fee		\$.			
MX Gateway Transaction Fee		\$.			
Plan Type:					
MX4: <input type="checkbox"/> Reporting <input type="checkbox"/> Basic <input type="checkbox"/> Plus					
<input type="checkbox"/> Premium <input type="checkbox"/> Enterprise					
<input type="checkbox"/> Base <input type="checkbox"/> Retail <input type="checkbox"/> Developer					
MX6: <input type="checkbox"/> Base <input type="checkbox"/> Invoicing <input type="checkbox"/> Retail					
In the event that this Agreement is terminated early, Merchant will be responsible for the payment of a \$. Early Termination Fee in accordance with Part IV, Section A.3 of the Merchant Program Guide.					



7. Equipment?

Terminal or Software Type and Quantity: Type pax 680 Name _____
 Quantity 1 IP Connection? ☒ Y ☐ N Wireless Connection? ☐ Yes ☒ No Serial _____ Sim _____
 Additional Special Instructions: _____
 Do you use any third party to store, process, or transmit card data? ☐ Yes ☒ No
 If yes, give name/address: _____

LEASE? ☐ Lease Company; First Data Global Leasing Lease Term: _____ mos Annual Tax Handling Fee \$10.20 This is a NON-CANCELLABLE LEASE for the full term indicated. Total Monthly Lease Charge \$ _____ w/o taxes, late fees, or other charges that may apply – See Lease Agreement for details

CLIENT INITIALS _____

8. SITE INSPECTION (Completed by Sales Agent)

Page 2 of 2

I have personally conducted a Site Inspection for this merchant, visually inspected the merchant's inventory (if applicable), verified the merchant's payment application is PABP (Payment Application Best Practices) validated (if applicable), and represent that the information in this merchant application is accurate, as to the best of my knowledge. I am subject to criminal penalties and/or financial losses for false or misleading information.

Sales Agent Name: (printed) Shanqueena Harris

Signature X _____

9. Annotation**10 SIGNATURES**

Client certifies that all information set forth in this completed Merchant Processing Application is true and correct and that Client has received a copy of the Program Guide (Version PPS1709) and Confirmation Page, which is part of this Merchant Processing Application (consisting of Sections 1-10) and by this reference incorporated herein. Client acknowledges and agrees that we, our Affiliates and our third party subcontractors and/or agents may use automatic telephone dialing systems to contact Client at the telephone number(s) Client has provided in this Merchant Processing Application and/or may leave a detailed voice message in the event that Client is unable to be reached, even if the number provided is a cellular or wireless number or if Client has previously registered on a Do Not Call list or requested not to be contacted for solicitation purposes. Client hereby consents to receiving commercial electronic mail messages from us, our Affiliates and our third party subcontractors and/or agents from time to time. Client further agrees that Client will not accept more than 20% of its card transactions via mail, telephone or Internet order. However, if your Application is approved based upon contrary information stated in Section 4 above, you are authorized to accept transactions in accordance with the percentages indicated in that section. This signature page also serves as a signature page to the Equipment Lease Agreement appearing in the Third Party Section of the Program Guide, if selected, the undersigned Client being the "Lessee" for purposes of such Equipment Lease Agreement. Client authorizes PRIORITY PAYMENT SYSTEMS ("PRIORITY") and Wells Fargo Bank, N.A. ("BANK") and their respective agents to investigate the references, statements and other data contained herein and to obtain additional information from credit bureaus and other lawful sources, including persons and companies names in this Merchant Processing Application. Client authorizes PRIORITY and BANK and their respective agents (a) to procure information from any consumer reporting agency bearing his/her personal credit worthiness, credit standing, credit capacity, character, general reputation, personal characteristics, or mode of living, and (b) to contact all previous employers, personal references and educational institutions. Each of the undersigned also authorizes us and our Affiliates to provide amongst each other the information contained in this Merchant Processing Application and Agreement and any information received from all references, including banks and consumer reporting agencies. It is our policy to obtain certain information in order to verify your identity while processing your account application. If the Application is approved, each of the undersigned also authorizes us to obtain subsequent consumer reports in connection with the maintenance, updating, renewal or extension of the Agreement. Client authorizes PRIORITY and BANK and their affiliates to debit Client's designated bank account via Automated Clearing House (ACH) for costs associated with the equipment hardware, software and shipping.

You further acknowledge and agree that you will not use your merchant account and/or the Services for illegal transactions, for example, those prohibited by the Unlawful Internet Gambling Enforcement Act, 31 U.S.C. Section 5361 et seq, as may be amended from time to time, or processing and acceptance of transactions in certain jurisdictions pursuant to 31 CFR Part 500 et seq. and other laws enforced by the Office of Foreign Assets Control (OFAC).

Client certifies, under penalties of perjury, that the federal taxpayer identification number and corresponding filing name provided herein are correct. Client agrees to all the terms of this Merchant Processing Application and Agreement. This Merchant Processing Application and Agreement shall not take effect until Client has been approved and this Agreement has been accepted by PRIORITY and BANK.

Client agrees to all the terms of this Merchant Processing Application and Agreement. This Merchant Processing Application and Agreement shall not take effect until Client has been approved and this Agreement has been accepted by PRIORITY and BANK.

DocuSigned by:
 Client's Business Principal/Officer:

Signature X [Signature] Title Owner Signature X _____ Title _____
 SE6AC4A132C345F

Print Name of Signer Anita Richardson Date 3/19/2021 Print Name of Signer _____ Date _____

Personal Guarantee The undersigned guarantees to PRIORITY and BANK the performance of the Agreement, and First Data Lease if applicable, and any addendum thereto by Client, including payment of all sums due and owing and costs associated with the enforcement of the terms thereof. PRIORITY and BANK shall not be required to first proceed against the Client or enforce any other remedy before proceeding against the undersigned individual. This is a continuing guarantee and shall not be discharged or affected by the death of the undersigned and shall bind the heirs, administrators, representatives and assigns and be enforced by or for the benefit of any successor of PRIORITY or BANK. The term of this guarantee shall be for the duration of the Merchant Processing Application and Agreement and any addendum thereto and shall guarantee all obligations which may arise in connection with my activities during the term thereof through enforcement shall be sought subsequent to any termination.

Personal Guarantee Signature X [Signature] Title Owner Print Name of Signer Anita Richardson Date 3/19/2021
 SE6AC4A132C345F

Personal Guarantee Signature X _____ Title _____ Print Name of Signer _____ Date _____

Accepted By
 Priority Payment Systems, LLC

Wells Fargo Bank, NA (a member of Visa USA, Inc and MasterCard International, Inc)

P.O. BOX 246, Alpharetta, GA 30009-0246

1200 Montego Way, Walnut Creek, CA 94598

Signature X _____

Signature X _____

Title _____ Date _____ Title _____ Date _____

DS
[Signature]
 Initial

PPS1709(ia)

PART I: CONFIRMATION PAGE

PROCESSOR INFORMATION: Name: Priority Payment Systems
 Address: P.O. Box 246, Alpharetta, GA 30009-0246
 URL: www.prioritypaymentsystems.com/manuals/PPS1709programguide.pdf Customer Service #: 1-800-935-5961

Please read the Program Guide in its entirety. It describes the terms under which we will provide merchant processing Services to you.

From time to time you may have questions regarding the contents of your Agreement with Bank and/or Processor. The following information summarizes portions of your Agreement in order to assist you in answering some of the questions we are most commonly asked.

1. **Your Discount Rates are assessed** on transactions that qualify for certain reduced interchange rates imposed by MasterCard, Visa and Discover. Any transactions that fail to qualify for these reduced rates will be charged an additional fee (see Section 19 of the Program Guide).
2. **We may debit your bank account** (also referred to as your Settlement Account) from time to time for amounts owed to us under the Agreement.
3. **There are many reasons why a Chargeback may occur.** When they occur we will debit your settlement funds or Settlement Account. For a more detailed discussion regarding Chargebacks see Section 10 of Card Processing Operating Guide.
4. **If you dispute any charge or funding,** you must notify us within 60 days of the date of the statement where the charge or funding appears for Card Processing.
5. **The Agreement limits our liability to you.** For a detailed description of the limitation of liability see Section 21, 28.7, 31.3, and 33.10 of the Card General Terms.
6. **We have assumed certain risks** by agreeing to provide you with Card processing or check services. Accordingly, we may take certain actions to mitigate our risk, including termination of the Agreement, and/or hold monies otherwise payable to you (see Card Processing General Terms in Section 24, Term; Events of Default and Section 25, Reserve Account; Security Interest), under certain circumstances.
7. **By executing this Agreement with us** you are authorizing us and our Affiliates to obtain financial and credit information regarding your business and the signers and guarantors of the Agreement until all your obligations to us and our Affiliates are satisfied.
8. **The Agreement contains a provision** that in the event you terminate the Agreement prior to the expiration of your initial three (3) year term, you will be responsible for the payment of an early termination fee as set forth in Part IV, A.3 under "Additional Fee Information".
9. **If you lease equipment from Processor,** it is important that you review Section 1 in Third Party Agreements. Bank is not a party to this Agreement. **THIS IS A NON-CANCELABLE LEASE FOR THE FULL TERM INDICATED.**
10. **For questions regarding your Merchant Processing Application and Agreement,** please contact Customer Service at 1-800-935-5961, and/or refer to Important Phone Numbers on the Additional Important Information Page, Part IV, Section A.5.

1.1. Card Organization Disclosure

Visa and MasterCard Member Bank Information: Wells Fargo Bank N.A.

The Bank's mailing address is 1200 Montego, Walnut Creek, CA 94598, and its phone number is (925) 746-4143.

Important Member Bank Responsibilities:

- a) The Bank is the only entity approved to extend acceptance of Visa and MasterCard products directly to a merchant.
- b) The Bank must be a principal (signer) to the Agreement.
- c) The Bank is responsible for educating merchants on pertinent Visa and MasterCard rules with which merchants must comply; but this information may be provided to you by Processor.
- d) The Bank is responsible for and must provide settlement funds to the merchant.
- e) The Bank is responsible for all funds held in reserve that are derived from settlement.
- f) The Bank is the ultimate authority should a merchant have any problems with Visa or MasterCard products (however, Processor also will assist you with any such problems).

Important Merchant Responsibilities:

- a) Ensure compliance with Cardholder data security and storage requirements.
- b) Maintain fraud and Chargebacks below Card Organization thresholds.
- c) Review and understand the terms of the Merchant Agreement.
- d) Comply with Card Organization Rules and applicable law and regulations.
- e) Retain a signed copy of this Disclosure Page.
- f) You may download "Visa Regulations" from Visa's website at: http://usa.visa.com/merchants/operations/op_regulations.html
- g) You may download "MasterCard Regulations" from MasterCard's website at: <http://www.mastercard.com/us/merchant/support/rules.html>

Anita L Richardson

Print Client's Business Legal Name: _____

By its signature below, Client acknowledges that it has received (either in person, by facsimile, or by electronic transmission) the Merchant Processing Application, Program Terms and Conditions [version PPS1709(ia)] consisting of 42 pages [including this Confirmation Page and the applicable Third Party Agreement(s)].

Client further acknowledges reading and agreeing to all terms in the Program Terms and Conditions. Upon receipt of a signed facsimile or original of this Confirmation Page by us, Client's Application will be processed.

Client understands that a copy of the Program Guide is also available for downloading from the Internet at:

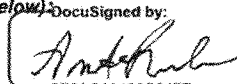
www.prioritypaymentsystems.com/manuals/PPS1709programguide.pdf

NO ALTERATIONS OR STRIKE-OUTS TO THE PROGRAM TERMS AND CONDITIONS WILL BE ACCEPTED.

Client's Business Principal:

Signature (Please sign below) _____ DocuSigned by:

X



Anita Richardson

Owner

Title

3/19/2021

Date

Please Print Name of Signer